

**Choices for Care**  
**Moderate Needs Group Withdrawal/Termination Form**  
*Submitted by Case Manager*

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**Instructions:**

**This form is for Individuals who are to be terminated from Moderate Needs or for individuals entering a Nursing Home and is expected to return to Moderate Needs services within 60 days. For Individuals receiving ALL services and ending one service (either Homemaker or Adult Day) please use "Moderate Needs Change Form 906B".**

Name: \_\_\_\_\_  
Last First Middle Initial

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_  
Month Day Year

**Termination or withdrawal:**

As of (date) \_\_\_\_/\_\_\_\_/\_\_\_\_, Moderate Needs services or application procedures were ended for the individual named above. A reapplication may be submitted at any time. Reason for withdrawal or termination from Moderate Needs services: (check one)

- ☐ Individual died.
- ☐ Individual moved to another state.
- ☐ Individual enrolling onto Choices for Care **Highest/High** Needs Group. **NOTE: Termination Date is day before Start Date on Highest/High Service Plan**
- ☐ Individual gone to Nursing Home for temporary stay. **Is expected to return to MNG within 60 days.**
- ☐ \*Individual voluntarily withdrew from application procedures or services. **Reason:** \_\_\_\_\_  
\_\_\_\_\_
- ☐ Other: \_\_\_\_\_

\*For voluntary withdrawals, the individual or legal representative must sign below. Individuals who are involuntarily terminated from the program will receive a written notice with appeal rights.

***I agree that I am voluntarily withdrawing from Choices for Care program. I understand that I may reapply at any time.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form completed by:**

Name \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Distribution:** Case manager sends copy to applicant (if applicable), all Moderate Needs Providers, DAIL Waterbury.